

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Licensed Midwives
Certified Nurse Midwives
Birthing Centers
Managed Care Plans
CSO Administrators
Regional Administrators

Memorandum No: 03-30 MAA
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For Information Call:
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From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Supersedes: 02-27 MAA

**Subject: Midwives: Fee Schedule Changes and Discontinued State-Unique
Maternity Procedure Codes**

Effective for dates of service on and after July 1, 2003, the Medical Assistance Administration (MAA) will:

- Implement the updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2003 relative value units (RVUs);
- Implement the updated Medicare Clinical Laboratory Fee Schedule (MCLFS);
- Implement the Year 2003 additions of Current Procedural Terminology (CPT™) codes;
- Implement the additions to Health Care Financing Administration Common Procedure Coding System (HCPCS) Level II codes; **AND**
- **Discontinue** all state-unique procedure codes previously used in the Births in Birthing Centers Billing Instructions and Planned Home Births Billing Instructions.

Maximum Allowable Fees

MAA is updating the fee schedule with Year 2003 RVUs and clinical laboratory fees. The 2003 Washington State Legislature **has not appropriated a vendor rate increase** for the 2004 state fiscal year. The maximum allowable fees have been adjusted to reflect the changes listed above. MAA has updated the **Births in Birthing Centers Billing Instructions** and **Planned Home Births Billing Instructions**, dated July 2003. To view and download these new instructions, go to: <http://maa.dshs.wa.gov/download/billinginstructions.html>


Overview

The Health Insurance Portability and Accountability Act (HIPAA) requires all healthcare payers to process and pay electronic claims using a standardized set of procedure codes. In order to comply with HIPAA requirements, MAA is discontinuing all state-unique procedure codes and modifiers and will require the use of applicable CPT™ and HCPCS procedure codes.

Discontinued Maternity Codes

The following state-unique maternity codes will be discontinued for claims with dates of service after June 30, 2003:

Discontinued State-Unique Code	Modifier	Description
5930M		Initial prenatal assessment
5951M		Routine antepartum care, first and second trimester, per month
5952M		Routine antepartum care, third trimester, per month
5960M		Increased monitoring, prenatal management, first trimester add-on, per month
5961M		Increased monitoring, prenatal management, second trimester add-on, per month
5962M		Increased monitoring, prenatal management, third trimester add-on, per month
5935M		Labor management
5963M		IV set-up supplies
5964M		Home birth kit
5965M		DOH newborn screening tests for metabolic disorders
9804M	1M	Facility fee for licensed birthing centers
9824M		Facility transfer fee

 **Note:** MAA will not reimburse for any of the state unique procedure codes above for claims with dates of service after June 30, 2003.

Corrected Procedure Code for Billing History and Examination of a Normal, Newborn Infant in a Birthing Center

To bill for history and examination of a normal newborn in a Birthing Center, use CPT 99432. Do not use CPT 99435 as listed in previous instructions.

Billing for Maternity Services Using CPT and HCPCS Codes

Birthing center and home birth providers must bill using the standardized CPT and HCPCS codes for the services performed.

Per CPT guidelines, MAA considers routine antepartum care for a normal, uncomplicated pregnancy to consist of monthly visits up to 28 weeks gestation, biweekly visits to 36 weeks gestation, and weekly visits until delivery.

Midwives who provide increased monitoring for the diagnoses listed below in excess of the CPT guidelines for normal antepartum visits may bill using evaluation and management (E&M) codes 99211-99215 TH. MA requires the modifier TH. The office visits may be billed in addition to the global fee only after exceeding the CPT guidelines for normal antepartum care.

Diagnosis Code	Description	Diagnosis Code	Description
640.03	Threatened abortion	642.03	Benign essential hypertension
642.33	Transient hypertension of pregnancy	643.03	Mild hypertension gravidarum
644.03	Threatened premature labor	648.23	Anemia
648.83	Abnormal glucose tolerance		

In addition, MAA will continue to reimburse providers for one prenatal assessment per provider, per client, per pregnancy.

For the purposes of this program, delivery includes management of uncomplicated labor and vaginal delivery (with or without episiotomy, with or without forceps). If a complication occurs during labor that necessitates the client's transfer to a hospital for delivery, the birthing center or home birth provider may bill for his or her time spent managing the client's labor using the appropriate E&M codes, including prolonged services codes.

Postpartum care includes any office or home visits following delivery, including the six-week postpartum check-up.

If a provider performs all or part of the antepartum care and/or postpartum care but does not perform the delivery, he or she must bill MAA for only those services provided using the appropriate antepartum and postpartum care codes. **In addition, if the client obtains other medical insurance coverage or is transferred to an MAA managed care plan during her pregnancy, the provider must bill MAA for only those services provided while the client is enrolled with MAA fee-for-service.**


In some circumstances, MAA will require the use of modifier –TH in order to process payment for an E&M code with a normal pregnancy diagnosis, or to allow licensed midwives to bill using an E&M code under certain conditions (see table on next page).

Modifier TH: Obstetrical treatment/services, prenatal or postpartum

The following standardized CPT and HCPCS codes may be used to describe the services provided. Please refer to the current CPT and HCPCS books for complete descriptions of these procedure codes. Please refer to the fee schedule in the MAA's [Births in Birthing Centers Billing Instructions](#) or [Planned Home Births Billing Instructions](#) for those codes MAA will reimburse for under these programs.


Normal Antepartum Care

Discontinued Code	Replacement Procedure Code/ Modifier	Summary of Description	Limits
5930M	T1001 TH	Nursing assessment, w/obstetrical service modifier	Limited to one unit per client, per pregnancy, per provider. Must use modifier –TH to be reimbursed.
5951M 5952M	99211-99215 TH	Office visits, antepartum care 1-3 visits only, w/obstetrical service modifier	Diagnoses V22.0 – V23.9 limited to 3 units; must use modifier –TH with these diagnoses to be reimbursed.
	59425	Antepartum care, 4-6 visits	Limited to one unit per client, per pregnancy, per provider
	59426	Antepartum care, 7+ visits	Limited to one unit per client, per pregnancy, per provider

 **Note:** Do not bill CPT codes 59425, 59426, or E&M codes 99211-99215 with normal pregnancy diagnoses in combination during the same pregnancy. **Do not bill MAA for antepartum care until all antepartum services are complete.**

Additional Monitoring


Discontinued Code	Replacement Procedure Code/ Modifier	Summary of Description	Limits
5960M 5961M 5962M	99211–99215 TH	Office visits; use for increased antepartum care	Limited to diagnoses: 640.03, 642.03, 642.33, 643.03, 644.03, 648.23, 648.83. Must have –TH to pay midwives.

 **Note:** Licensed midwives are limited to billing for certain medical conditions that may require additional monitoring under this program. Refer to your current billing instructions for additional information.

Labor Management


Prolonged services codes must be billed on the same claim form as E&M codes, and modifier TH and one of the diagnoses listed below must be on each detail line of the claim form.

Discontinued Code	Replacement Procedure Code/ Modifier	Summary of Description	Limits
5935M	99211-99215 TH	Office visits – labor at home or birthing center	Diagnoses 640 – 674.9; V22.0 – V22.2; and V23 – V23.9; must have –TH to pay with these diagnoses; may not be billed by delivering physician.
	+ 99354 TH Limited to 1 unit	Prolonged services, 1 st hour	
	+ 99355 TH Limited to 4 units	Prolonged services, each add'l 30 minutes	

 **Note:** Providers may bill MAA for labor management only when the client is transferred to a hospital; another provider delivers the baby; and a referral is made during active labor.

Laboratory Services


Discontinued Code	Replacement Procedure Code	Summary of Description	Limits
5965M	S3620	Newborn metabolic screening panel, including test kit, postage and laboratory tests specified by the state for inclusion in the panel.	Includes PKU, CAH, congenital hypothyroidism, hemoglobinopathies, biotinidase deficiency, MSUD, MCADD, homocystinuria, and galactosemia. Limited to 1 per delivery.

 **Note:** MAA reimburses for procedure code S3620 only when delivery occurs in a birthing center or home and only after the provider reimburses the Department of Health for the test.

+ = Add On Code

Facility Fee Payments for Birthing Centers

Discontinued Code	Replacement Procedure Code/ Modifier	Summary of Description	Limits
9804M 1M	59409 SU	Delivery only code with use of provider's facility or equipment modifier.	Limited to one per client, per pregnancy. Must use modifier –SU to be reimbursed.
9824M	S4005	Interim labor facility global (labor occurring but not resulting in delivery)	Limited to one per client, per pregnancy; may only be billed when client labors in the birthing center and then transfers to a hospital for delivery.

 **Note:** Payments for facility use are limited to only MAA-approved providers. Use modifier SU with the delivery code to report use of the provider's facility or equipment only.

Home Birth Kit

Discontinued Code	Replacement Procedure Code/ Modifier	Summary of Description	Limits
5964M	S8415	Supplies for home delivery of infant	Limited to one per client, per pregnancy.

MAA has updated the **Births in Birthing Centers Billing Instructions** and **Planned Home Births Billing Instructions**, dated July 1, 2003. To obtain these documents electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link, then Billing Instructions).

Bill MAA your usual and customary charge.